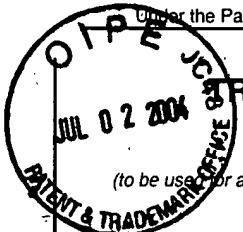


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**TRANSMITTAL
FORM**

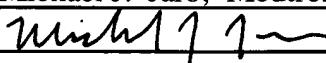
(to be used for all correspondence after initial filing)

3731
41

| | | | |
|--|--|------------------------|-------------------|
| | | Application Number | 10/050,219 |
| | | Filing Date | January 14, 2002 |
| | | First Named Inventor | Rangarajan SUNDAR |
| | | Art Unit | 3731 |
| | | Examiner Name | Bradford PANTUCK |
| Total Number of Pages in This Submission | | Attorney Docket Number | |
| | | PA905 US | |

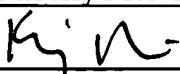
| ENCLOSURES (Check all that apply) | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <input checked="" type="checkbox"/> Return Postcard | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|---|---|
| Firm or Individual name | Michael J. Jaro; Medtronic Vascular, Inc. |
| Signature |  |
| Date | June 29, 2004 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|---|------|------------|
| Typed or printed name | Kimberly Melvin | | |
| Signature |  | Date | 06/29/2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/050,219 |
| Filing Date | January 14, 2002 |
| First Named Inventor | Rangarajan Sundar |
| Examiner Name | Bradford PANTUK |
| Art Unit | 3731 |
| Attorney Docket No. | PA905 US |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

| | |
|------------------------|--------------------------|
| Deposit Account Number | 01-2525 |
| Deposit Account Name | Medtronic Vascular, Inc. |

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|-----------------------------------|---------------|--|----------|
| 1051 | 130 | 2051 65 Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 25 Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 130 Non-English specification | |
| 1812 | 2,520 | 1812 2,520 For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920 | 1804 920* Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 1,840* Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 55 Extension for reply within first month | |
| 1252 | 420 | 2252 210 Extension for reply within second month | |
| 1253 | 950 | 2253 475 Extension for reply within third month | 950.00 |
| 1254 | 1,480 | 2254 740 Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 1,005 Extension for reply within fifth month | |
| 1401 | 330 | 2401 165 Notice of Appeal | |
| 1402 | 330 | 2402 165 Filing brief in support of an appeal | |
| 1403 | 290 | 2403 145 Request for oral hearing | |
| 1451 | 1,510 | 1451 1,510 Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 55 Petition to revive - unavoidable | |
| 1453 | 1,330 | 2453 665 Petition to revive - unintentional | |
| 1501 | 1,330 | 2501 665 Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 240 Design issue fee | |
| 1503 | 640 | 2503 320 Plant issue fee | |
| 1460 | 130 | 1460 130 Petitions to the Commissioner | |
| 1807 | 50 | 1807 50 Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 180 Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 40 Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 770 | 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 770 | 2801 385 Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 900 Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |
| *Reduced by Basic Filing Fee Paid | | | |
| SUBTOTAL (3) (\$) | | | 950.00 |

**or number previously paid, if greater; For Reissues, see above

| | | | |
|--------------------------|-----------------|-----------------------------------|---------------|
| (Complete if applicable) | | | |
| Name (Print/Type) | Michael J. Jaro | Registration No. (Attorney/Agent) | 34,472 |
| Signature | | Date | June 29, 2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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